

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 363326

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
7							
8	2						
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19	1						
20	1						
21	1						
22							
23	1						
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48							
49							
50							
TOTAL IND.	b		↓		↓		
TOTAL DEP.	20		←		←		
TOTAL CLAIMS	26						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		
TOTAL DEP.			←		←		
TOTAL CLAIMS							